

ORIGINAL

Provision: HCFA-PM-95-4 (HSQB)  
June 1995

Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Enforcement of Compliance for Nursing Facilities

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Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

☒ Specified Remedy

Will use the criteria and notice requirements specified in the regulation.

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TR No. 95-33  
Supersedes  
TR No. 90-19

Approval Date: MAR 07 1997

Effective Date: JUL 01 1995